



WITNESS FEE REIMBURSEMENT REQUEST

ND Commission on Legal Counsel for Indigents

Name of Witness:			
Address:	City:	State:	Zip

Witness Fee: (\$25.00/Day)	Number of Days:	Cost \$	County/District:
Mileage is reimbursable at \$.45/mile within North Dakota and within a 300 mile radius of the state's borders. Outside the 300 mile radius, mileage is reimbursable at \$.18/mile. Actual cost of airline, train or bus fare is reimbursable if pre-approved. (Copy of receipt or actual ticket required.)	Number of Miles:	\$	Attorney Name: ----- Case Number(s): Case Title:
Lodging, \$50.00 plus any additional applicable state or local taxes on lodging (Receipt must be attached.)		\$	Date Served From: To:
MEALS	NUMBER OF MEALS		
Breakfast \$5.00		\$	
Lunch \$7.50		\$	
Dinner \$12.50		\$	
Expert Witness Fee: (Attach Request for Extraordinary Expenses, if applicable)		\$	
Please "x" one <input type="checkbox"/> Defense Witness <input type="checkbox"/> Expert Witness in Juvenile Matter	TOTAL REIMBURSEMENT \$		

WITNESS CERTIFICATION:

I certify the above is a true and accurate record of my service as a witness and that no compensation has previously been received.

Witness Signature:	Date:
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AUTHORIZATION:

Witness fees and expenses above are authorized to be paid to the above name witness.

Signature of Attorney who subpoenaed witness:	Date:
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Please mail or fax completed and signed form to:
ND Commission on Legal Counsel for Indigents
PO Box 149
Valley City, ND 58072
Fax: 701-845-8633